

CONFIDENTIAL PERSONAL FINANCIAL PROFILE

CLIENT PROFILE:

Date: ____/____/____ Time: _____

First Name: _____ Last Name: _____

Spouse Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Other Phone Number: _____ E-mail: _____

Client:
*Date of Birth: _____ *Age: ____ *Sex: M / F
*Rating: _____ *Smoker: Y / N
*Retirement Age: _____ - Years employed: ____
-Employer: _____
-Occupation: _____
-Annual Income: (Gross): \$ _____
-Other Income: \$ _____
-Source: _____

Spouse:
-Date of Birth: _____ -Age: ____ -Sex: M / F
-Rating: _____ -Smoker: Y / N
-Retirement Age: _____ - Years employed: ____
-Employer: _____
-Occupation: _____
-Annual Income: (Gross): \$ _____
-Other Income: \$ _____
-Source: _____

Joint Information:

-Combined Gross Income: \$ _____ * Taxable Income: \$ _____

-Total monthly living expense: \$ _____ *Deductions: \$ _____

*Current State/Fed Marginal Tax Bracket: State - _____%, Federal - _____%, Combined Total - _____%

Children/Dependents (or other information):

PROPERTY DETAILS:

	Primary Residence _____	Other Property _____	Other Property _____
*Fair Market Value: \$	_____	\$ _____	\$ _____
*Original Purchase Price: \$	_____	\$ _____	\$ _____
*Verifiable Cost of Improve: \$	_____	\$ _____	\$ _____
Total Mortgage Payments: \$	_____	\$ _____	\$ _____
Total Rental Income: \$	_____	\$ _____	\$ _____

CURRENT MORTGAGE DETAILS:

	Primary Residence _____	Other Property _____	Other Property _____
*Beginning Date:	____/____/____	____/____/____	____/____/____
*Term:	_____ Yrs	_____ Yrs	_____ Yrs
*Type: (circle)	Amortized/Interest Only/Neg. Am.	Amortized/Interest Only/Neg. Am.	Amortized/Interest Only/Neg. Am.
*Amount:	\$ _____	\$ _____	\$ _____
*Interest Rate:	_____ %	_____ %	_____ %
*Payment, P & I: \$	_____	\$ _____	\$ _____
*Remaining Balance: \$	_____	\$ _____	\$ _____
Tax & Insurance: \$	_____	\$ _____	\$ _____

SECOND MORTGAGE DETAILS:

	Primary Residence _____	Other Property _____	Other Property _____
*Beginning Date:	____/____/____	____/____/____	____/____/____
*Term:	_____ Yrs	_____ Yrs	_____ Yrs
*Type: (circle)	Amortized/Interest Only/Neg. Am.	Amortized/Interest Only/Neg. Am.	Amortized/Interest Only/Neg. Am.
*Amount:	\$ _____	\$ _____	\$ _____
*Interest Rate:	_____ %	_____ %	_____ %
*Payment, P & I: \$	_____	\$ _____	\$ _____
*Remaining Balance: \$	_____	\$ _____	\$ _____
Tax & Insurance: \$	_____	\$ _____	\$ _____

PROPOSED MORTGAGE DETAILS:

*/% Loan to Value (LTV):	_____ %	_____ %	_____ %
*Term:	_____ Yrs	_____ Yrs	_____ Yrs
*Type: (circle)	Amortized/Interest Only/Neg. Am.	Amortized/Interest Only/Neg. Am.	Amortized/Interest Only/Neg. Am.
*Amount:	\$ _____	\$ _____	\$ _____
*Interest Rate:	_____ %	_____ %	_____ %
*Payment, P & I: \$	_____	\$ _____	\$ _____

ANNUAL CASH FLOW ALLOCATION (qualified accounts):

<u>*Husband or Wife</u> (circle)	<u>*Type</u>	<u>Where</u>	<u>*Annual Contribution</u>	<u>% Cont.</u>	<u>*Current Balance</u>	<u>Return</u>
H / W #1:	_____	_____	\$ _____	_____ %	\$ _____	_____ % Y / N
H / W #2:	_____	_____	\$ _____	_____ %	\$ _____	_____ % Y / N
H / W #3:	_____	_____	\$ _____	_____ %	\$ _____	_____ % Y / N
H / W #4:	_____	_____	\$ _____	_____ %	\$ _____	_____ % Y / N
H / W #5:	_____	_____	\$ _____	_____ %	\$ _____	_____ % Y / N
H / W #6:	_____	_____	\$ _____	_____ %	\$ _____	_____ % Y / N
H / W #7:	_____	_____	\$ _____	_____ %	\$ _____	_____ % Y / N
H / W #8:	_____	_____	\$ _____	_____ %	\$ _____	_____ % Y / N
Details (H): _____						
Details (W): _____						

	<u>Where</u>	<u>*Annual Contribution</u>	<u>*Balance</u>	<u>*Reposition?</u> (circle)
Planned Annual Savings:	_____	\$ _____	\$ _____	Yes / No
How much per month have you been paying into extra principal payments?	_____	\$ _____	\$ _____	Yes / No
How much can you set aside on a regular basis to meet your objectives?	_____	\$ _____	\$ _____	Yes / No

LIFE INSURANCE:

<u>Husband or Wife</u>	<u>*Type</u>	<u>Company</u>	<u>*Face Amount</u>	<u>*Annual Premium</u>	<u>*Cash Value</u>	<u>Year</u>
H / W	_____	_____	\$ _____	\$ _____	\$ _____	_____
H / W	_____	_____	\$ _____	\$ _____	\$ _____	_____
H / W	_____	_____	\$ _____	\$ _____	\$ _____	_____
H / W	_____	_____	\$ _____	\$ _____	\$ _____	_____
H / W	_____	_____	\$ _____	\$ _____	\$ _____	_____
Other	_____	_____	\$ _____	\$ _____	\$ _____	_____

CURRENT ASSETS:

Types: Certificates of Deposit (CD's), Annuities, Mutual Funds, Money Markets, Stocks, Bonds, Listed Securities)

	<u>*Amount</u>	<u>*Type</u>	<u>Where Held</u>	<u>Return</u>	<u>*Annual Cont.</u>	<u>*Reposition?</u> (circle)
\$	_____	_____	_____	_____ %	\$ _____	Yes / No
\$	_____	_____	_____	_____ %	\$ _____	Yes / No
\$	_____	_____	_____	_____ %	\$ _____	Yes / No
\$	_____	_____	_____	_____ %	\$ _____	Yes / No
\$	_____	_____	_____	_____ %	\$ _____	Yes / No
\$	_____	_____	_____	_____ %	\$ _____	Yes / No

CURRENT LIABILITIES:

<u>Liability</u>	<u>*Balance</u>	<u>*Monthly Payments Regular/Minimum</u>	<u>Payments Remaining</u>	<u>*Interest Rate</u>	<u>*Pay off & reposition monthly payments?</u>
1. _____	\$ _____	\$ _____ / _____	_____	_____ %	Yes / No
2. _____	\$ _____	\$ _____ / _____	_____	_____ %	Yes / No
3. _____	\$ _____	\$ _____ / _____	_____	_____ %	Yes / No
4. _____	\$ _____	\$ _____ / _____	_____	_____ %	Yes / No
5. _____	\$ _____	\$ _____ / _____	_____	_____ %	Yes / No

GOAL(S) TO ACCOMPLISH:

Begin roll-out of Qualified Plan (qualified accounts) at age _____ for _____ years.

Comparing to various financial alternatives: MF _____%, IRA/401K _____%, AN _____%, CD _____%, MM _____%

Use a Fixed Universal Life Policy: Yes / No and/or use an Equity Index Universal Life Policy: Yes / No

- _____
- _____
- _____
- _____
- _____

Date attended webinar: _____ / _____ / _____

Personal Questions

- 1. Do you have a Current financial advisor? Yes No
If yes who? _____ ___ ___
- 2. Do you have an accountant? ___ ___
- 3. Do you have an attorney? ___ ___
- 4. Do you expect to care for a child or parent? ___ ___
- 5. Do you have income from real estate? ___ ___
- 6. Do you expect an inheritance? ___ ___
- 7. Do you have a stockbroker? ___ ___

8. How do you rank your general level of investment knowledge?

Client:	Spouse:
<input type="checkbox"/> High	<input type="checkbox"/> High
<input type="checkbox"/> medium	<input type="checkbox"/> medium
<input type="checkbox"/> Low	<input type="checkbox"/> Low

9. Annual Income:

Client: (earned income) \$ _____ + (all other) \$ _____ = (total) \$ _____
Spouse: (earned income) \$ _____ + (all other) \$ _____ = (total) \$ _____

Total Gross Income:

\$ _____ Marginal Income tax Rates: fed. _____ % State: _____ % Net Annual Income:

10. How much discretionary income do you have? \$ _____

11. Will your earnings/income change significantly over the next several years? Yes No

If Yes, describe: _____

12. Do you plan any significant financial events in the next few years (i.e., sale of capital assets, sale of home, IRA distributions, children entering college, parental care)? _____

13. When do you plan to retire? _____ Pre-tax retirement income needed? \$ _____